DRAFT MINUTES

Name of Meeting: Pharmacy Liaison Committee

Date of Meeting: September 24, 2007

Length of Meeting: 12:10 PM – 2:00 PM

Location of Meeting: DMAS 13th Floor Boardroom

DMAS Attendees:
Tyrone Wall, Compliance Specialist
Rachel Cain, Pharmacist
Keith Hayashi, Pharmacist
Scott Cannaday, DMAS Policy Analysis
Meredith Lee, Health Care Policy Analyst
Katina Goodwyn, Contract Monitor
Maryanne Paccione, Contractor
Bryan Tomlinson, Division Director

Committee Members:
Lauren Baldwin, VACDS
Becky Snead, Virginia Pharmacist Association (VPhA)
Bill Hancock, Long Term Care Pharmacy Coalition
Gerald Milsky, Epic Pharmacies Inc
Tim Musselman, Virginia Pharmacist Association (VPhA)
Anne Leigh Kerr, Pharma

Other Attendees:
Richard Grossman, Vectre Corporation

Introduction

Bryan Tomlinson welcomed everyone to the meeting and asked for everyone to introduce themselves.

Tamper-Resistant Prescription Pads

Bryan Tomlinson informed the committee that Congress has enacted a new law that mandates the use of tamper-resistant prescription pads for most outpatient prescriptions written for fee-for-service Medicaid recipients. To comply with this federal mandate, the Virginia Medicaid Fee-

For-Service Program will require the use of tamper-resistant pads on all non-electronic, outpatient prescriptions (excluding e-prescribing, fax, or telephone), effective October 1, 2007.

Dose Optimization and Quantity Limits

Bryan Tomlinson informed the committee Virginia Medicaid is implementing expanded prospective drug utilization review (ProDUR) programs for dose optimization and maximum quantity limits. The ProDUR Program involves a review of the prescription medication order and the patient's drug therapy history prior to a prescription order being filled. ProDUR is used by DMAS to help ensure the health and safety of the patient. The enhanced programs ensure that the recipient has a 34-day supply of a medication with reasonable dispensing quantities. The current retrospective DUR program includes similar reviews of excessive quantities. The initiatives will be implemented using point of sale edits effective January 1, 2008.

The dose optimization program will identify high cost products where all strengths have the same unit cost and the standard dose is one tablet per day. By providing the highest strength daily dose, the number of units in a 34-day supply will be minimized. This program will not require "pill splitting" due to the potential medical risks and burden on recipients and pharmacy providers.

Establishing maximum quantity limits involves identifying high cost products where a 34-day supply is defined by a set number of tablets. This strategy establishes quantity limits based on commonly acceptable clinical dosing practices.

Edits for both programs will be a message only (soft edit) to the pharmacy provider until December 31, 2007. Claim denial (hard edit) will be effective January 1, 2008. This will enable the pharmacist to consider the best available option and make a decision based on professional judgment or at the request of the physician.

NPI

Maryanne Paccione informed the committee that providers should continue to prepare for the transition to use of the NPI/API and full NPI Compliance. Pharmacy providers should immediately begin to use their NPI number on all pharmacy claims. If the prescriber's NPI number is unavailable, the legacy Medicaid identification number on the claims may be used throughout the dual use period. DMAS will start posting prescribers NPI numbers to our website.

AMP

Keith Hayashi, R.Ph explained the pricing methodology of AMP based FULs. Effective January 30, 2008, these new FULs based on AMP will be used to reimburse pharmacy providers.

Specialty Drug Program

A. Program Design Objective
   - Produce savings
   - Manage drug expenditures
   - Implement appropriate care

B. Utilization Data Review
   Bryan Tomlinson informed the Committee that Virginia Medicaid has started invoicing J-codes for NDC that fall within Virginia Medicaid's' Specialty Drug Program parameters'.

E prescribing (transformation grant)

Scott Cannady, DMAS Policy Analyst, provided an update to the committee on the agency's CMS transformation grant submission. This grant is being awarded competitively to Medicaid states who can justify the use of Federal funds for innovative programs to modernize and upgrade their Medicaid programs. DMAS submitted a 5.1 million dollar grant to develop a statewide electronic health record that includes an e-prescribing component. This is DMAS's second attempt for this grant. In this submission, DMAS worked with the Secretary of Technology's office. The e-prescribing component of the grant will include the capability for a prescribing provider to submit a secure HIPAA compliant prescription electronically over the internet to a pharmacy of their choice. This e-prescribing component of the grant would be free to the prescribing provider. Although the announcement of the award was expected September 30th, DMAS has not yet heard if the funds have been awarded. Mr. Cannady also indicated that, irrespective of receiving the grant award, DMAS will be moving toward having e-prescribing capability within the next several years.

Questions

Anne Leigh Kerr asked about the estimated savings from the Specialty Drug Program and from the rebates on multi/single source drugs.

Adjournment

The meeting was adjourned at 2:00 PM